

JEFFERSON JOURNAL

January/February 2021

**Oregon Hospitals
Didn't Have Shortages.**

***So Why Were
Disabled People
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FEATURED

6 Oregon Hospitals Didn't Have Shortages. So Why Were Disabled People Denied Care?

By Joe Shapiro

At the start of the coronavirus pandemic, a small group of disability rights advocates found itself in a race against time to save the life of a woman with an intellectual disability. The woman was taken to the hospital with COVID-19. But the hospital, in a small Oregon town, denied the ventilator she needed. Instead, a doctor, citing her "low quality of life," wanted her to sign a legal form to allow the hospital to deny her care. Out of that quiet fight in early spring, the advocates — staff at a disability rights legal group, a state lawmaker and a few others — discovered something disturbing: There were many cases in Oregon of health care being rationed to people with disabilities.

The fight to save the life of one woman reveals a grim pattern in Oregon. NPR investigative reporter Joseph Shapiro dives deep into the story revealing that in Oregon, people with disabilities were denied health care during the pandemic, even without a shortage of ventilators or other care.

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Many in the mainstream press are wondering if it's possible to put the genie back in the bottle.

Earning Our Democracy

In the aftermath of the 2020 U.S. Presidential election, there has been plenty of teeth gnashing and hand wringing among the media and members of the press. Following four years being discounted, discredited and disrespected by the highest office in the land, and battling dubious hyper-partisan media outlets doggedly peddling disinformation, many in the mainstream press are wondering if it's possible to put the genie back in the bottle.

Some media observers contend that journalism will never be the same. Others believe that the norms and traditions that have established the free press as a foundational element of our democratic system of government can be restored.

One long time JPR listener and supporter recently wrote to me to ask: "Are there ANY federal regulations that oversee the content of broadcasting to ensure that conspiracy theories, erroneous misinformation and a plethora of lies are not put out to the public? We are now at a point where half of the country does not believe in the media nor in the truth anymore and lives in a completely alternative universe. Why are they (the media) not being held accountable for the damage they are doing to our society and to our democracy?"

About the closest thing we've ever had in the U.S. to a federal regulation designed to ensure a fair press was aptly named The Fairness Doctrine. The Fairness Doctrine was a Federal Communications Commission (FCC) policy, not a law, that was adopted in 1949. The policy required the holders of broadcast licenses to both present controversial issues of public importance and to do so in a fair and balanced manner that provided the expression of contrasting viewpoints. The policy did not prescribe how broadcasters should do this but gave them wide latitude to use news segments, public affairs shows, or editorials.

The Fairness Doctrine was repealed in 1987 as cable television gained popularity and as cable news outlets started to emerge. One of the rationales for the doctrine was that the scarcity of over-the-air broadcast licenses warranted the regulation so that citizens would have access to a diverse range of perspectives. In addition, since the FCC awarded the licenses, which enabled license holders of commercial stations to make money, the policy was viewed as a quid pro quo. But, when cable television built its own infrastructure to reach people without the need for any FCC licenses, using private capital, the rationale for the Fairness Doctrine diminished. And, when the legion of cable "news" channels multiplied, the argument of scarcity also became weaker. Then, as more households connected to cable,

it seemed unfair to hold over-the-air broadcasters to one standard and cable broadcasters to another. In a 1993 report arguing against the proposed reinstatement of the doctrine, the conservative Heritage Foundation wrote: "With the wide diversity of views available today in the expanding broadcast system, there is a simple solution for any family seeking an alternative viewpoint or for any lawmaker irritated by a pugnacious talk-show host. Turn the dial."

And, that's exactly what many Americans do today—turn the channel to one that confirms their own view of the world. In the current media ecosystem, that channel may very well come with its own set of self-fulfilling "facts." Theoretically, there are enough "channels" of news and perspective for citizens to get a multitude of viewpoints and know how their government operates. In reality, however, that's not what's happening, as evidenced by numerous polls that reveal the extent to which Americans are woefully uninformed.

A recent piece by *Washington Post* media columnist Margaret Sullivan prescribes several things fact-based journalists must do to combat America's disinformation system. Among Sullivan's propositions is the idea of being bolder and more direct than ever in telling the truth, avoiding false equivalences which give equal weight to truth and lies in the name of fairness. Sullivan also maintains that journalists and news organizations need to get much more involved in media literacy—"working with educators and advocates to teach people of all ages, but especially students, to distinguish lies from truth, propaganda from factual reporting."

Of the many things the 2020 election has taught us, it has made clear that the vitality of American democracy is only as durable as the will of everyday citizens to actively engage in the democratic process. Today, that work starts with becoming a discerning and savvy consumer of information, capable of distinguishing credible sources from specious ones and reality from conspiracy theories, so that we can intentionally use what we watch, hear and read to think critically about the world in which we live.



Paul Westhelle is
JPR's Executive Director.

Oregon Hospitals Didn't Have Shortages.

So Why Were Disabled People Denied Care?

By Joe Shapiro

At the start of the coronavirus pandemic, a small group of disability rights advocates found itself in a race against time to save the life of a woman with an intellectual disability.

The woman was taken to the hospital with COVID-19. But the hospital, in a small Oregon town, denied the ventilator she needed. Instead, a doctor, citing her “low quality of life,” wanted her to sign a legal form to allow the hospital to deny her care.

Out of that quiet fight in early spring, the advocates—staff at a disability rights legal group, a state lawmaker and a few others—discovered something disturbing: There were many cases in Oregon of health care being rationed to people with disabilities.

At the same moment, across the United States, disability groups and even a civil rights office of the U.S. government were raising a similar warning: that behind closed doors, people with disabilities, as well as elderly people, were in danger of being denied health care.

NPR was looking for cases, too, and heard about the woman in Pendleton while she was in the hospital.

There's no reason that these examples would occur more frequently in Oregon than in other states. But the fight for that anonymous woman with an intellectual disability peeled back the curtain on health care decision-making in Oregon in a way that did not happen in other states.





CREDIT JOSHUA PEYTON

Sarah McSweeney had a big personality and loved going shopping with friends. But at the hospital, doctors questioned why she wanted full care.

McSweeney was not moved back to the ICU and was not put on a ventilator. She died on May 10 of severe sepsis because of aspiration pneumonia.

That activism led to change in Oregon—including anti-discrimination legislation and new statewide policies.

It was late March when the woman with an intellectual disability contracted COVID-19. She struggled to breathe.

In the hospital, a medical provider wrote do-not-resuscitate (DNR) and do-not-intubate orders for the woman. Those are medical instructions to health care providers to withhold potentially painful interventions, like a ventilator or (CPR), if a patient stops breathing or the patient's heart stops. The woman was alone in the hospital and did not understand what the doctor and medical staff wanted her to agree to.

In addition, the hospital staff sent word to the woman's group home: Fill out DNRs in advance for your other residents, in case one of them comes to the hospital.

People who worked with the disabled woman were angry that the doctor and the hospital seemed to be discounting the lives of people with disabilities.

Someone tracked down lawyers for help.

The lawyers work for Disability Rights Oregon (DRO), a federally funded legal group that protects the rights of people with disabilities. State Sen. Sara Gelser, who chairs Oregon's Senate Committee on Human Services, was notified too.

NPR knows some details of the case in Pendleton based on interviews with state officials, lawyers and others in Oregon, as well as from documents obtained through a public records request.

Because of privacy laws, those we spoke to could talk only generally of the case and the person involved. They couldn't confirm the gender of the person. NPR knows the person was a woman because of references in the state documents we obtained. Officials at DRO said they cannot confirm the place where the case happened. State documents show it was in Pendleton, a town with one small, 25-bed hospital.

The report from Pendleton alarmed staff at DRO. "We investigated and substantiated it," Jake Cornett, executive director of DRO, told NPR. A person with an intellectual disability was "being inappropriately influenced about life-sustaining treatment. And the physician in that case talked about the quote 'low quality of life' of a person with a disability." Cornett made the same points, briefly, in testimony to the state legislature.

At the hospital, the intellectually disabled woman in the hospital needed to be on a ventilator immediately.

Emily Cooper, the legal director at DRO, threatened to sue the hospital. The woman was moved to another hospital, where she was placed in the intensive care unit and on a ventilator.

Her condition was dire. There was fear, according to a letter that state Senator Gelser sent to the governor's office and state health officials, that the woman had been left "without appropriate and necessary care for two days" and that the time without a ventilator had put her life at risk.

The woman's advocates worried that she might die. But after several days in the new hospital, the woman recovered. She returned to her group home.

Still, even that success left Cooper worried.

"The threat of litigation and the threat of exposing the depth and the whiff of discrimination in our state, I think, was enough to get people to do the right thing," says Cooper. "But what that meant is you needed to have a lawyer call or you needed to have someone that had the gravitas to push for that."

Most people with disabilities and their families don't have lawyers working for them. And DRO and state officials were getting more reports from around the state of health care being denied.

Gelser urged the governor and state officials to make it clear that doctors could not write blanket DNRs for patients with disabilities.

"I remain deeply concerned about the situation in Pendleton," Gelser wrote on April 10 in an email to state officials. "We only know about it because someone knew to call for help. If that call had not happened and DRO had not engaged, it is not hard to imagine the person would have died."

Gelser, in the email obtained by NPR in its records request, urged state officials to sanction the hospital. "The providers, as far as I can tell, have been given no clear signal that what they did was wrong and should not occur again," she wrote. "A strong, pointed statement about the rights of elderly and disabled people is desperately needed at this time."



CREDIT RAMSEY COX

"It would be one thing if these were isolated incidents," says Jake Cornett of Disability Rights Oregon, but care was being denied to people across the state and that "should raise the alarm bell."

The Oregon Health Authority “received a complaint in April 2020 related to patients’ rights,” a spokesperson told NPR. But it concluded “that we would not be able to investigate.” The main allegation was against the doctor, and the health authority does not have “jurisdiction over individual health care providers.”

It was up to the organization that accredits the hospital, the health authority concluded.

NPR checked with the Joint Commission, the accrediting body. A spokesperson said it had not received a complaint. But as a result of NPR’s inquiry, the spokesperson said, it had opened a review of the incident.

“Nothing happened to that hospital. Nothing happened to that physician,” Gelser told NPR. “The health authority confirmed that, in fact, that was a coerced do-not-intubate order, that they confirmed it happened ... but there was no sanction. So there was no remedy.”

Adds Gelser: “This is immoral. We do not respond to disability discrimination in the way that we should.”

CHI St. Anthony is the one hospital in Pendleton. In a statement to NPR, the hospital said: “For reasons of patient confidentiality, we are not able to comment on any specific situation or patient. We are committed to providing compassionate and high quality care to every patient, without regard to anyone’s ability or disability. St. Anthony Hospital categorically denies any allegations to the contrary. We are unaware of any complaint to the Oregon Health Authority such as you have described.”

NPR reached out to the disabled woman who survived COVID-19. But the woman, traumatized and confused by her time in the hospital, does not speak about it.

Federal laws, notably the Americans with Disabilities Act and the Affordable Care Act, prohibit health care discrimination—including denial of care—based solely on a person’s disability.

The Office for Civil Rights at the U.S. Department of Health and Human Services explained the law in guidance at the start of the pandemic. When care is scarce, doctors are allowed to decide who gets it and who doesn’t. They can decide who is most likely to do best with that treatment by making an «individualized assessment of the patient» based on objective medical evidence.

But doctors can’t rule out people because they have a specific disability—for example, dementia or using portable ventilators every day to help themselves breathe. “Persons with disabilities should not be denied medical care on the basis of stereotypes, assessments of quality of life, or judgments about a person’s relative ‘worth’ based on the presence or absence of disabilities or age,” the civil rights office explained.

OCR issued those guidelines on March 28 after national and state disability groups raised alarm that states had issued rationing plans that allowed discrimination against elderly and disabled people. Oregon was one of 29 states that issued “crisis



CREDIT KELLY ROBBINS

When Emily Cooper at Disability Rights Oregon learned of the disabled woman who needed a ventilator but couldn’t get one, she threatened the hospital with a lawsuit.

standards of care” guidelines to doctors and health care systems about how to allot scarce medical care in case of a crisis—like a terrorism event, a natural disaster or a pandemic. In early May, Disability Rights Oregon led a coalition of 21 state and national disability and civil rights groups and filed a complaint about Oregon’s standards with OCR.

The near death in Pendleton spurred the advocates to watch for other cases. One state official, who handled complaints at residential facilities, wrote to Gelser in April that her office had received and investigated complaints of hospitals and physicians “inappropriately” asking people with disabilities to fill out a legal form to limit care, according to the documents obtained by NPR.

Gelser heard reports of disabled and elderly people who had symptoms of COVID-19, went to the hospital and were denied tests, treatment or even lifesaving care. “We had hospitals that were trying to immediately discharge people and saying that they needed to go home for palliative or comfort care, instead of actual treatment,” she says.

There are additional cases in the public documents that NPR collected. In April, a health care system in Salem, Ore., sent an “urgent message” to area group homes for people with disabilities, telling them not to bring residents with symptoms of COVID-19 to the emergency room unless “they are so sick they require hospitalization,” according to the letter.

That was alarming, Gelser says, because it “discouraged people from bringing in clients that needed care. It also indicated people would be discharged prematurely—and into group homes that didn’t have the capacity to provide appropriate care.”



A spokesperson for Salem Health said it had focused in early spring on being prepared to handle a large number of coronavirus cases. “During the unknowns of the spring surge, this meant preserving hospital capacity for those who truly required hospital-level care,” the spokesperson said, adding that the system followed state and federal guidelines for best practices and has changed its policies as those standards have changed.

The state records that NPR obtained show other people with disabilities were denied coronavirus tests or treatment when they showed up at hospitals with symptoms.

Sarah Frazzini, the executive director of Benco, a nonprofit agency that provides housing and other services to people with disabilities, points to the story of one of her residents.

On April 2, the 64-year-old man was running a high fever, and staff at his group home worried that he’d contracted COVID-19. They took him to the emergency room at Good Samaritan Regional Medical Center in Corvallis.

The man has a significant intellectual disability. He doesn’t speak words. He’s quadriplegic. He can’t swallow and is fed through a tube.

Medical staff in the emergency room refused to test him for the coronavirus. Frazzini told the story to NPR as well as to state lawmakers in a June hearing. It would be a “waste of valuable PPE,” or personal protective equipment, a member of the medical team said, angrily, in front of the man, according to Frazzini. At the time, there were shortages of PPE in Oregon and nationwide.

He was eventually tested after a staff worker for the agency that ran the man’s group house insisted, Frazzini told NPR. The man was admitted to the hospital. It turned out he had pneumonia, not COVID-19.

When, after six days, he was discharged, Frazzini said in the hearing and to NPR, a physician in an online call made a recommendation: The group home should stop the man’s care and nutrition and begin end-of-life hospice care. According to Frazzini, the doctor said the man, with his multiple disabilities, had a “low quality of life.”

The staff member who worked for him was furious. The man was not dying. His condition was the same as before he’d entered the hospital. He’d lived this way for years. Frazzini says her staff felt the doctor had seen a man with significant disabilities and had made a judgment that his life didn’t matter.

The man is in good health today. He lives in his group home and spends days in his favorite recliner, watching his favorite superhero movies and enjoying the brightly colored tropical fish in his large aquarium.

The man “lives a dignified and fulfilled life,” Frazzini told lawmakers. “To have to fight so hard for the COVID test, to hear statements about giving the test being a ‘waste of valuable PPE’ and to have the physician recommend at discharge to end his life is absolutely appalling,” she said at the hearing.

A spokesperson for Samaritan Health Services said he could not comment on the care of a specific patient but that the hospital’s policies have evolved since the spring based on changes in state recommendations.

In the documents obtained by NPR, there are other reports of people with intellectual disabilities being told to sign a do-not-resuscitate order as a condition before being admitted. At other hospitals, they were separated from their caregivers and pressured to sign a document they did not understand.

Or, as in Sarah McSweeney’s case, her guardians felt pressured.

Before she went to the hospital, McSweeney loved it when staff at her group home took her to the shopping mall to get her hair done and to country music concerts. The 45-year-old woman had multiple disabilities. She was quadriplegic, so staff at her group home in Oregon City pushed her in her bright pink wheelchair. She couldn’t swallow, so the direct service professionals—the caregivers at the group home—fed her through a gastrostomy tube that sent nutrition directly to her stomach. She couldn’t speak words, but the people who worked for her could understand her by her sounds and facial expressions.

“And even though she had these medical issues, she was vivacious. She just lived her life,” says Heidi Barnett, who worked with her. “She had a pretty full life. And you were blessed if you got to meet her.”

NPR told McSweeney’s story earlier this month.

Barnett works for the Arc Oregon in its guardianship program. She helped McSweeney make decisions about her life and health care. She helped McSweeney draft the legal document that went with her to the hospital: It said that she wanted full medical care.

But after McSweeney went to the hospital on April 21 with a high fever, doctors and social workers called Barnett—who wrote up detailed notes of these calls—and tried to get her to accept a do-not-resuscitate order for McSweeney.

Tests showed McSweeney did not have COVID-19. But in the hospital she had episodes of aspiration pneumonia, when fluid backed up into her lungs.

In the hospital, a doctor told Kimberly Conger, the nurse manager from Community Access Services, which ran the group house where McSweeney lived, that she needed to be on a ven-

tilator. “We discussed the possibility of her being intubated and letting the lung rest, giving her time to heal and letting the antibiotics do their magic,” says Conger.

But then the doctor questioned whether it was worth doing, citing McSweeney’s “quality of life.” Conger says she objected to that. “And he looked at me and goes: ‘Oh, she can walk? And talk?’” she says the doctor asked, moving his fingers in the air in a walking motion.

Conger replied: “There’s a lot of people who don’t walk who have full quality of life.”

McSweeney was not moved back to the ICU and was not put on a ventilator. She died on May 10 of severe sepsis because of aspiration pneumonia.

“We believe there was bias and discrimination in the care provided,” Anna Keenan-Mudrick, executive director of Community Access Services, told Gelser’s committee in June.

A spokeswoman for the hospital, Providence Willamette Falls Medical Center says: “While we have conversations with patients, family and/or guardians about care options, we do not pressure or force anyone to sign a DNR order, and we are unaware of any evidence to the contrary.”

“I just think she could have gone out better,” says Barnett. “They owed her more respect than she got.”

After McSweeney’s death, Barnett says she dealt with a similar case with another client. A 77-year-old man with an intellectual disability contracted COVID-19 and went to another Oregon hospital for treatment. But she says a doctor there, acting unilaterally, reversed the man’s legal order for full treatment.

When Barnett and the man’s advocates objected, she says the doctor stood firm, saying the man—who is diabetic and intellectually disabled—was “too difficult to treat.” Says Barnett: “It was absolutely flooring to me.” The man survived and returned home.

One of the most common causes of poor care occurred when someone who had difficulty communicating or had dementia went to the hospital alone. Family and advocates were barred, for the most part, from visiting—even when the person depended on them to communicate.

One Oregon doctor, who asked to remain anonymous in order to speak freely, told NPR about a teenage girl with significant disabilities who was on a ventilator with COVID-19 in the ICU at his hospital.

She had difficulty speaking and, typically, relied on her mother to communicate for her. The hospital arranged a videoconference with the girl and her mother to talk about ongoing care. But when the young woman saw her mother’s face on the computer screen, she sobbed uncontrollably. “It was heart wrenching,” the doctor told NPR. Eventually, the mother was allowed to visit.

In late June, Gelser wrote and co-sponsored an anti-discrimination bill: Senate Bill 1606. It bars doctors from forcing a



CREDIT-OREGON STATE SEN. JAMES MANNING

Oregon lawmaker Sara Gelser — here on the floor of the State Senate — introduced a bill to guarantee people with disabilities got equal care in hospitals during the pandemic.

do-not-resuscitate or do-not-intubate order on disabled or elderly patients, either as a condition of being admitted to the hospital or as a condition for treatment. It requires doctors to honor a person’s medical orders for care.

It allows people with certain disabilities to have a family member or other support person with them during a hospital stay to help explain their medical choices.

That legislation passed the legislature, and Oregon Gov. Kate Brown signed it into law on July 7.

Gelser was surprised that one section of the bill turned out to be controversial. Language that said doctors and health care providers could not discriminate on the basis of disability was stripped from the bill. Health officials worried that the language was too vague and would interfere with individual decision-making.

The debate over denial of care to people with disabilities was a quiet one in Oregon. It was a conversation largely among advocates in the disability and aging communities, medical officials and state officials.

But it resulted in positive change.

- Officials in state health agencies played a role. The Oregon Association of Hospitals and Health Systems started trainings.
- In September, the Oregon Health Authority withdrew the disputed state crisis standards of care. Those are the rules that doctors and hospitals can apply to ration care when it gets scarce. The drafters had failed to adequately reach out to “communities of color, tribal communities, or people with

Gelser urged the governor and state officials to make it clear that doctors could not write blanket DNRs for patients with disabilities.

disabilities,” the authority said in a letter to Gelser, and as a result the guidelines “have the potential to perpetuate discrimination on the basis of race, age or disability.”

Leann Johnson, the health authority’s chief equity and inclusion officer, told NPR that the move reflected the agency’s plan, announced at the start of 2020, to end health care disparities by 2030.

- In October, Gelser objected that people with intellectual disabilities who lived in group homes and their direct service professionals had been left off the state’s priority list to get the COVID-19 vaccine. In November, the state amended its list and they were added. That made Oregon one of the first states—and likely the first, but there is no comprehensive comparison of every state’s plan—in the country to prioritize group home residents.

Frazzini reports that the man who back in April had difficulty getting a test for the coronavirus ran a high fever again in October and returned to the hospital ER. This time he got tested quickly and respectfully.

Frazzini gives the hospital credit for changing. “They really listened,” she says.

Frazzini was asked to join the hospital’s ethics committee—her first meeting is scheduled for January—to give the hospital perspective about disability.

And on Dec. 8, Oregon announced new “crisis care principles” for health care providers, who were then facing a surge of new COVID-19 patients. Once again, there was fear of needing to ration scarce care. This time, the guidance from the Oregon Health Authority focused on the responsibility of doctors and hospitals to provide care in ways that did not discriminate against people with disabilities, African Americans and other groups protected by civil rights law.

“Any approach to triaging care,” the new guidance said, cannot “exclude” someone on the basis of an underlying medical condition or a disability. Dana Hargunani, the Oregon Health Authority’s chief medical officer, told NPR that the agency is asking doctors and hospitals “to really consider the role that implicit bias has played.”

When the Oregon Health Authority announced the new equity principles, officials highlighted the advocacy of DRO and Gelser and thanked them for helping to shape the new plan.

The changes in Oregon echoed the evolution of guidelines in other states. State and national disability groups had brought complaints to the Office for Civil Rights at the federal Depart-

ment of Health and Human Services, the agency that enforces anti-discrimination laws in health care.

The Office for Civil Rights has announced its own settlements with several states to rewrite their crisis standards of care. Tennessee and Pennsylvania agreed to quit letting doctors use «quality of life» scores to determine who got scarce care. Connecticut agreed to let family members into hospitals to help disabled people who had difficulty communicating. And Utah agreed to bar doctors from issuing blanket do-not-resuscitate orders.

There was one lingering question in all of these cases: Why was care rationed to people with disabilities at a time when Oregon’s hospitals were not overcrowded, when there were no shortages of treatment?

In early April, Governor Brown announced that Oregon was sending 140 ventilators to hard-hit New York. “We are all in this together,” she said.

So, if there was no shortage, why were McSweeney and the woman in Pendleton denied ventilators?

Gelser—who has an adult son with an intellectual disability—thinks she has an answer.

There’s always a bias against people with disabilities in the health care system, she says. It was largely hidden.

The coronavirus made it visible—and then it made it worse.

“COVID has put a giant magnifying glass on inequities in health care delivery” for people with disabilities, Gelser says. “For the first time, we see in a more pressing and public way how deadly that can be.”

In the pandemic, doctors—worried about potential shortages for some—made decisions to deny care to others. “So before we even needed to triage,” Gelser says, “medical systems were deciding on reserving resources for nondisabled people that the system valued more, in case they ran out of resources later.”



Joseph Shapiro is a
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correspondent.

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Tickity Boo!

So you want to see pictures of my new grandson? Sure you don't, but that won't stop me. He's only the best baby ever, said the grandmother before the readers turned the page to study the JPR Program Schedule. So I'll just stop and hope you return to see if I've "read" the exasperated eye rolls of my readers.

Why I like living in a small town is illustrated in the "*How I first found out my grandson was born*" story. Daughter Sally texted me in the wee hours of August 27th to say her labor was starting. I, like many of you who did not grow up with a cell phone attached to my head, turn off my phone at night because a vendor at the Farmer's Market told me EMF's are bad for you. I get a lot of health advice from random, chance encounters as I'm sure you do. So the phone was off and I did not see Sally's text until the morning. Jim and I hurriedly headed out to Ashland but needed to gas up before the trip. At the local gas station, our son-in-law's uncle was there and called out hearty congratulations to "the new grandparents." His countenance (I'm reading a lot of Victorian novels during the pandemic so my vocabulary is *flourishing*) quickly changed when he saw my husband's puzzled expression. Realizing he had let the cat out of the bag, he tried to back track because his wife, who elbowed him in the ribs, figured out we didn't know the news, yet. Which we didn't know but now we did. I didn't care, I was just thrilled and asked him if it was a boy or girl. He was really uncomfortable at this point, probably thinking we were going to be miffed hearing the news from a third party, but he fessed up and said, "Uh, I thought you knew, it's a boy!" Covid be damned, I threw my arms around him and chortled, "Callooh Callay!" To which his wife interjected, "I hope you're not mad."

I may well be mad in the Victorian sense, but anger at learning we had a grandson from an in-law at the gas station? That is top notch or, as they say in *The Crown*, tickity boo!

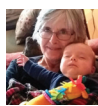
I love chance encounters that turn my world upside down. Not ones like Bathsheba's ill-fated valentine in *Far From the Madding Crowd*, but unplanned conversations that enlighten and change the way I think. One more example of this came up in a conversation I had with my soon-to-be daughter-in-law, Malia. While I have so far avoided the Coronavirus, I was plagued with a crazy rash that was driving me mad. I drove down my

I love chance encounters that turn my world upside down.

considerable insurance deductible with doctor visits but nothing they prescribed helped. Real help came in the form of a simple question Malia posed. She asked if I had tried cutting out gluten from my diet. Since the Grain Street Bakery opened in Etna last year, I've done my part to ensure its success. Since I tried everything else, I gave "gluten free" a gander. With the help of the internet and a good book, I learned a great deal about "gluten sensitivity" and after months of restructuring my diet, I am very pleased to say my skin is a lot happier. All it took was a simple question, posed at the right time to get me to look for answers in another direction.

Sometimes the best health advice comes from random, chance encounters. And sometimes you find out you have a new grandchild from a guy at the gas station.

Happy New Year. We made it!
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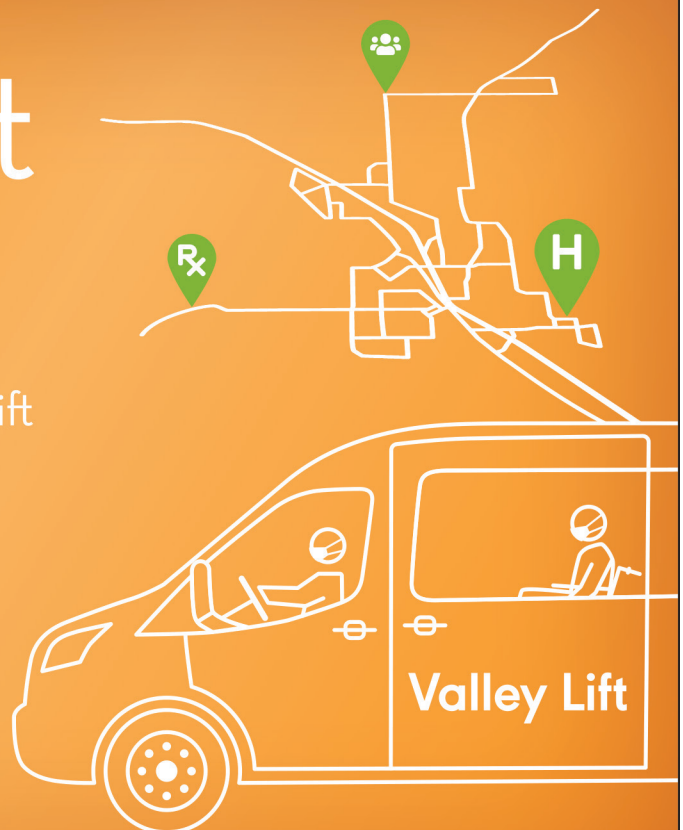
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It's still unknown how long the vaccines will protect people from COVID-19, but we do know that getting both doses is important.

Multiple COVID-19 Vaccines Are In Our Future

Nearly a year after the new coronavirus emerged as a world-wide threat, dozens of companies and research institutions started work to create a vaccine for COVID-19. It usually takes years to develop a vaccine, so it was not at all certain that any of the vaccines being developed would actually work.

In fact, when the Food and Drug Administration set requirements for how effective a vaccine needed to be for an emergency use authorization (EUA), it set it at 50%—that's in the same range as to how effective the flu vaccine is each year.

Less than a year later, there are three COVID-19 vaccines nearing the finish line which are far, far more effective than that. And several others are expected to surpass that mark as well.

Vaccines from two of the manufacturers are expected to arrive this month in Oregon, with others following close behind as the state and country try to end a pandemic they have thus far failed to contain.

Having so many vaccines in the pipeline means harnessing more manufacturing capability, and eventually will allow

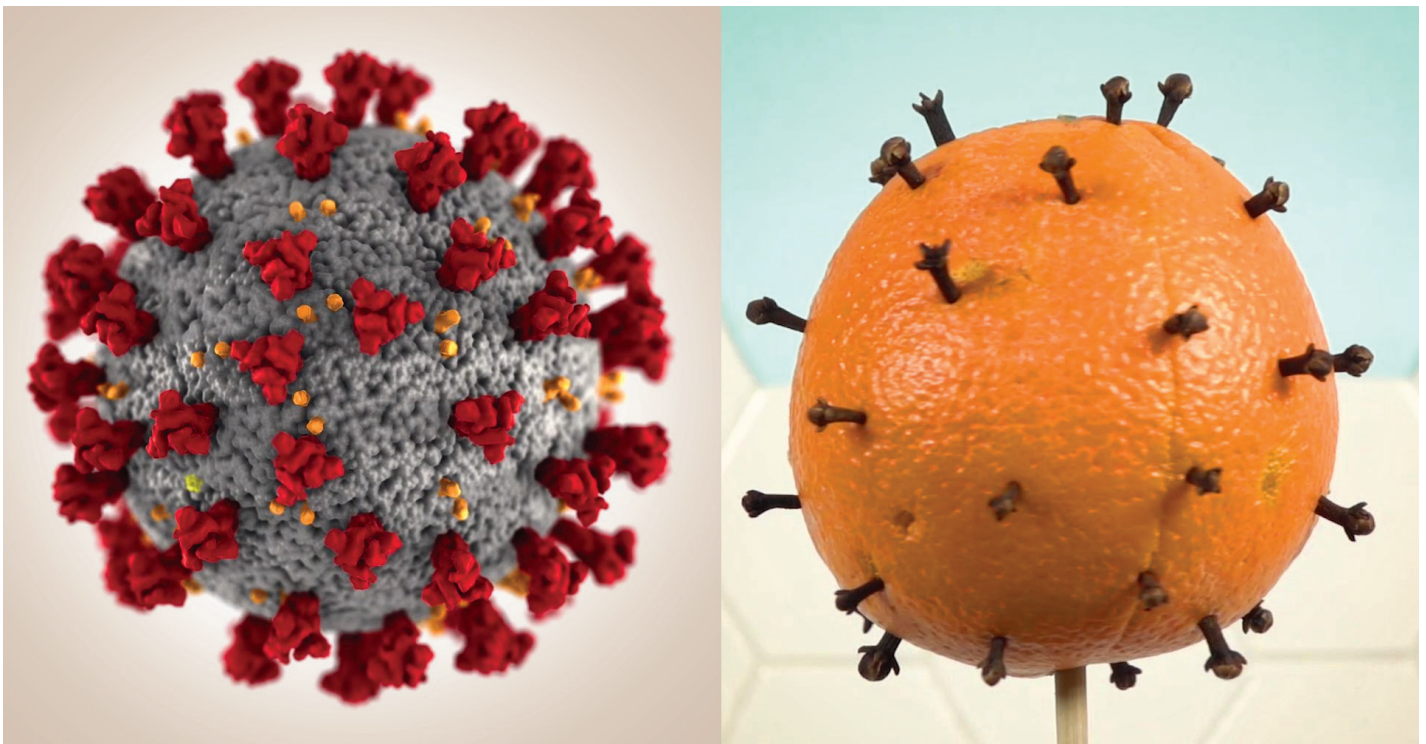
health officials to tailor vaccines where they're most effective. Because of the severity of the pandemic, the FDA is expected to approve vaccines for emergency use before the required series of human trials are completed, meaning those kinds of details are currently not as clear as they eventually will be.

"If one of the vaccines is really not suitable for use in people with diabetes, for example, maybe one or two of the others are. It's important to have options," said OHSU's Marcel Curlin, who's leading a large clinical trial in the Portland area for one of the COVID-19 vaccine frontrunners from AstraZeneca.

How do these first vaccines work?

The first two vaccines to get approval from the FDA for emergency use were developed by Pfizer/BioNTech and Moderna. There are many different types of vaccines, but both of these frontrunners utilize a new vaccine technology called "messenger RNA."

Coronavirus' genetic code is made of RNA not DNA—think of a double helix missing one of the helixes. To make a mes-



Visit <https://www.opb.org/article/2020/12/05/coronavirus-vaccine-questions-oregon-covid-19-pandemic> for a video illustration of coronavirus.

senger RNA vaccine, scientists identify a key piece of that RNA genetic information in the virus—basically, it's the recipe for a particular protein contained in the germ. Then researchers make artificial copies of that genetic recipe.

When those slices of RNA are injected, they get absorbed into your cells and trick them into following their recipe. The result is that your cells are harnessed to produce the virus protein, which alone doesn't make you sick. Your immune system then identifies the protein as a foreign invader and learns to fight it off. Later if you become infected with the coronavirus, your immune system already knows how to defend itself.

If they get the regulatory nod, these vaccines will be the first messenger RNA vaccines to gain approval for use, which would be a major scientific milestone—not just in terms of stopping this pandemic, but for vaccine development as a whole going forward.

Are the vaccines effective?

Early in the process, there were questions about how effective messenger RNA vaccines would be—and the findings from the early trials have far exceeded expectations.

"They're both phenomenally effective (at preventing symptomatic disease)," Oregon Health Authority Senior Health Advisor Joe Sullivan told health care workers across the state.

The Pfizer vaccine is showing 95% efficacy, which was confirmed this week by the FDA. Moderna says its vaccine has a 94.5% efficacy rate. This means people who receive the two doses of vaccines required for the vaccine to be most effective are around 95% less likely to experience symptoms of COVID-19 than those who aren't vaccinated. And for those who end up defying those odds and getting COVID-19 despite the vaccine, they did not get seriously ill.

OHSU professor Mark Slifka says for vaccines, 90% efficacy is usually considered the "golden ceiling."

"No vaccine could give you 100% protection, but you want it to be high," he said, adding that the efficacy rates were calculated soon after the second vaccine dose was administered.

"The immune response may go down over time. But if you were starting off, for instance, at only 50% protection at the peak, well then that's pretty bad because it could fall off from there," Slifka said.

It's still unknown how long the vaccines will protect people from COVID-19, but we do know that getting both doses is important.

"You need that second dose. You need that boost in order to mount the immune response that the vaccine can provide. That second dose really does make a difference," said Peggy Hamburg, former commissioner of the U.S. Food and Drug Administration, in a briefing.

What other vaccines are in the pipeline?

At least two other COVID-19 vaccines are expected to seek FDA emergency use authorization over the next few months—one is from AstraZeneca and one from Johnson & Johnson.

Both of these vaccines are "viral vector" vaccines.

The AstraZeneca vaccine starts with an unrelated cold virus that affects chimpanzees but not humans. Researchers disable the virus so it can't replicate, and then they insert genetic material from coronavirus into it.

"It's a safe vehicle... to introduce (coronavirus) protein and let the immune system get a look at it without actually being exposed to COVID. And therefore, the person who's vaccinated, their immune responses in place already when the person gets exposed to COVID," said OHSU's Curlin.

Johnson & Johnson's vaccine uses a similar technique, with a different version of the cold virus used by AstraZeneca. The company had previously created a vaccine for Ebola and an experimental vaccine for HIV using the same disabled cold virus. This time around scientists just inserted genetic material from the coronavirus.



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Both the AstraZeneca and Johnson & Johnson vaccines lost some time in the testing process when the FDA halted the human trials because a test subject became ill. But in both cases, after an evaluation of the data, regulators decided that the illnesses could not be connected to the vaccine and authorized the clinical trials to resume.

Are there any winners emerging in the vaccine race?

Getting to EUA first or close behind definitely makes a vaccine a winner on one front—namely that there's essentially an unlimited demand and you're only really competing against your own ability to make and distribute your product. All vaccines approved over the next few months will benefit from this global demand.

The AstraZeneca and Johnson & Johnson vaccines are priced at around \$4 and \$10 per dose respectively. AstraZeneca has said it will not seek to profit off the COVID-19 vaccine during the pandemic. Pfizer and Moderna's price tags range from \$19-\$37 per dose. Currently, all of these costs are being picked up by the federal government, but notably, the U.S. has ordered three times as many AstraZeneca vaccine doses as it has each of the other three.

Johnson & Johnson is also testing a one-dose version of its vaccine, which could give it a distinct advantage if approved.

Vaccine storage has also emerged as an issue, with health departments—including the Oregon Health Authority—struggling to secure the ultra-cold (-94 degrees F) storage needed to preserve the Pfizer vaccine. Moderna's version requires more-standard freezer capabilities. But both Johnson & Johnson's and AstraZeneca's vaccines can be stored in refrigerators for several months.

Are the vaccines safe?

This is one of the main questions that the FDA is considering as it evaluates clinical trial data from the vaccine makers. It will use this data to determine whether to issue emergency use authorization for the vaccines.

In addition, Oregon is part of a four-Western-state vaccine safety working group that is independently reviewing the same data. That group will issue a separate opinion on whether the vaccines are safe enough to use.

The three phases of clinical trials required by the FDA for vaccine approval are set up to answer safety questions. The early trials are designed to identify immediate and short-term side effects—things like headaches, fatigue, fever, soreness at the injection site, and occasionally more serious reactions. If the side effects are too serious, then the vaccine cannot advance to the next phase of clinical trials.

In order to apply for EUA, the vaccines must have some intermediate results back from the Phase 3 trials, which can normally last several years. The early approval means data

COVID-19 Vaccines

Pfizer/BioNTech

- Messenger RNA-type vaccine
- 95% effective
- 2 doses, 21 days apart
- U.S. Purchased 100 million doses (\$19.50 per dose)
- Oregon receiving doses in December

Moderna

- Messenger RNA-type vaccine
- 94.5% effective
- 2 doses, 28 days apart
- U.S. purchased 100 million doses (\$25-\$37 per dose)
- Oregon receiving doses in December

AstraZeneca

- Viral vector-type vaccine
- 70% effective (average)
- 2 doses, 28 days apart
- U.S. purchased 300 million doses (\$3-\$4 per dose)
- Applying soon for FDA Emergency Use Authorization

Johnson & Johnson

- Viral vector-type vaccine
- Unknown effectiveness
- Possibly 1 dose
- U.S. Purchased 100 million doses (\$10 per dose)
- Phase 3 clinical trial data pending

about any long-term effects of the vaccines are not yet complete—which is not ideal.

But also not ideal: thousands of people are dying of COVID-19 every day in the country; there's resistance to safe, non-invasive and widely-available COVID-19 prevention measures like masks; and shutdowns are causing real economic harm to large swaths of the U.S. population.

"Do the benefits outweigh the risks when it's a serious, life-threatening disease or condition when there aren't other alternatives? That's the decision that FDA will be making," says former FDA Commissioner Hamburg.

How many people need to be vaccinated to reverse the course of the pandemic?

This is a question that does not have an exact answer. But one thing holds true.

"The more people get vaccinated, the quicker we get back to normal," OHSU's Slifka said.

Using a very simplified calculation, Slifka says if every infected person is assumed to spread coronavirus to two others, then the case numbers will start to drop as we cross the 50% vaccination rate. This does not take into account changes in prevention measures or immunity derived from a previous infection.

Oregon's actual person-to-person infection rate is thought to be closer to one COVID-positive person infecting an average of 1.25 others.

Achieving herd immunity will likely require another jump in vaccination rates. Herd immunity occurs when a large enough percentage of a community becomes immune to a disease—either through vaccination or prior infection—making it unlikely the disease will be able to spread between people.

The amount of immunity required to achieve this depends on the disease. Measles, which is highly contagious, requires nearly 95% of a population to be immune to achieve community-wide protection. Coronavirus isn't as contagious, so the vaccine requirements are lower.

On Tuesday, National Institute for Allergy and Infectious Disease Director Dr. Anthony Fauci said in order to achieve herd immunity nationwide, 75% of the population will need to be vaccinated for COVID-19.

This article was first published on December 10, 2020 at www.opb.org.



Jes Burns is a reporter for OPB's Science & Environment unit. Jes has a degree in English literature from Duke University and a master's degree from the University of Oregon's School of Journalism and Communications.



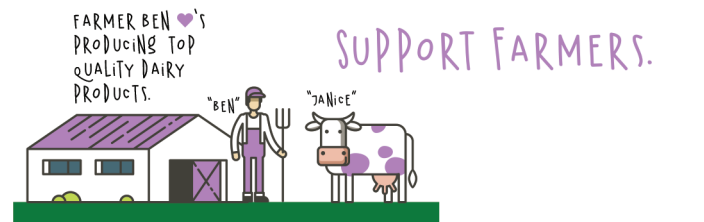
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With their ocean silver tarnished, their last meal long ago consumed, their bodies begin to literally break down and rot.

The Story Of Salmon's 'Hero's Journey' That I'm Saving For My Son

Filming salmon has been a big part of my job as an "Oregon Field Guide" photographer. I've taken assignments up to high-mountain salmon-bearing streams and out on ocean-going research vessels. Along with the numerous interviews I've recorded with scientists, my work has given me a deep appreciation for the remarkable lives of these fish and the epic journey they undertake.

To me, the story of salmon in the Northwest is right up there with Homer's *Odyssey* in ancient literature.

Salmon are a big part of what makes nature so captivating. And now that I'm a dad, I want my son to develop an appreciation of his own for our natural world.

I was hoping to begin my 3-year-old boy on that journey of discovery this September when I took him to witness the annual return of fall chinook salmon to their spawning grounds in a stream that flows from the Cascade Mountains. But instead of sharing my awe at the returning fish, he did what any toddler would do. He scrambled as close as I'd let him get to the water's

edge and hunted for sticks to splash and rocks to toss in the stream.

In many ways, he was my teacher. He reminded me to pay attention to what's right in front of me. As I watched the chinook struggle in their final hours to produce life, I knew what I would do. I would write down for my son the story of the salmon, so it would be there for him when he was ready. And maybe someday, we can sit together and share the awe and mystery of one of nature's most inspiring migrations. Before that happens, though, I thought I'd share it with you.

A Hero's Journey

What does it mean to return home? This is something the salmon know. It's a story that's been repeated for thousands of years. Maybe millions. Winter holds a cache of salmon eggs with thin membrane walls, cloaked in a fortress of gravel. In spring, the eggs hatch.



Juvenile chinook salmon emerge from the nest, or redd, as fry and in a few months become parr (pictured above) after they develop stripes called parr marks. Juveniles enter the smolt stage when they start to swim to salt water.

CREDIT MICHAEL BENDIXEN



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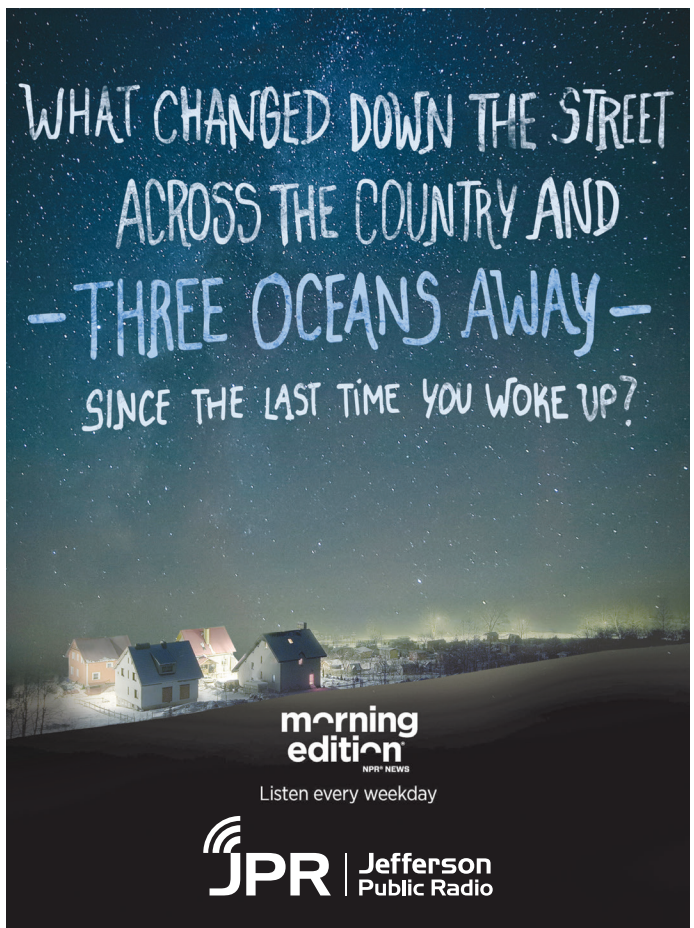
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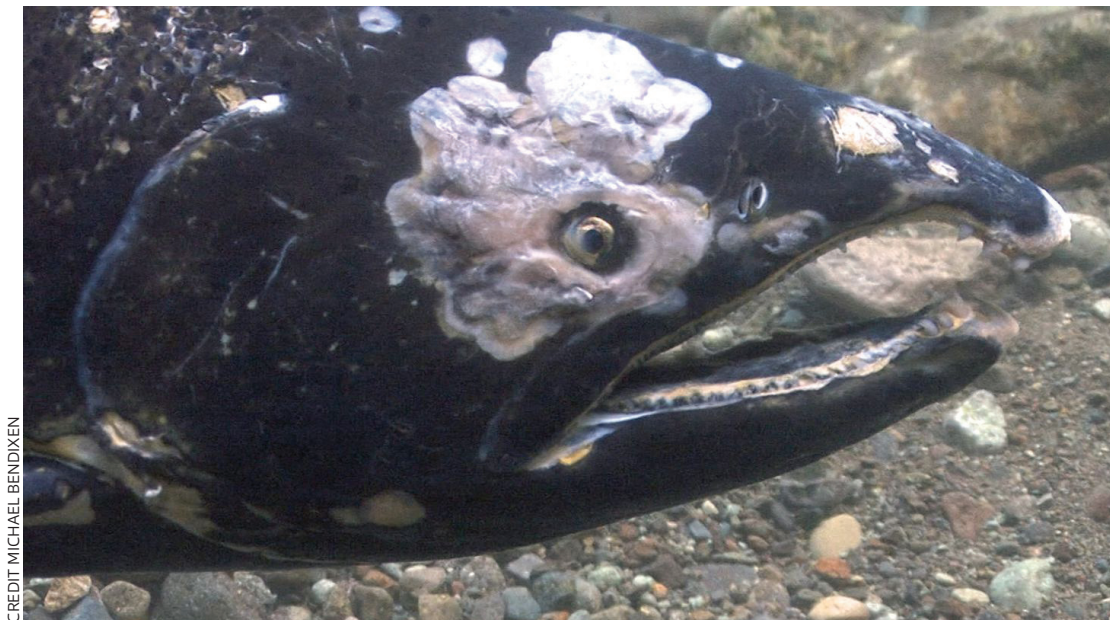
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Down To Earth

Continued from page 21



CREDIT MICHAEL BENDIXEN

LEFT: When adult salmon return to freshwater they stop eating and their bodies undergo dramatic changes, like allowing fungal infections to grow in white blotches.

BELOW: Old growth forest in the western Cascades.

Yet, the call to the ocean is strong.

Where the river meets the sea is refuge for a traveling salmon. A place to feed, hide and wait. Here, their bodies complete their transformation, adapting from freshwater to saltwater.

Then, they move to the sea. For how long depends on their species. Chinook can spend up to six years in the ocean. They spend this time well; their bodies swell as they eat herring. Their flesh turns pink from their krill-rich diet. But, there is a time when they are called home. They may have strayed a thousand miles into the sea, but from some ancient intelligence, they know. Is it chemical clues? Magnetism? Smell? Whatever the sign or signal, they embark on one of the greatest migrations on earth, the journey home.

When they reach the river's mouth, their flesh is at its fattest. For here, they will stop eating. They turn from predator to prey, swimming hard to be one of the lucky few who escape predators, both animal and human. They face rapids and dams. With their ocean silver tarnished, their last meal long ago consumed, their bodies begin to literally break down and rot. Yet, they move forward, as they have miles to go, swimming as corpses still alive.

Scientists call fish *anadromous* when they are capable of making this remarkable journey from freshwater to saltwater. Anadromous comes from the Greek expression, to run upward. Upward, the salmon travel, they fight upward, willed somehow to return to a very specific place, sometimes elevated hundreds or even thousands of feet above the level of the sea. They seek out the gravel where they were born.

As the river narrows to a high-mountain stream, marked by boulders and gravel, the female begins to dance. Her twists are called a "dig," a utilitarian move, flipping her body horizontally she whips the gravel clean. She makes a nest, called a redd. There, she will lay her eggs.



CREDIT MICHAEL BENDIXEN

There is no dance for the male chinook. They rage. Thrashing, biting, tearing. They muster whatever spark is left in their dying bodies to savage their competition, to make their claim.

The female releases her eggs; he fertilizes them in harmony.

It is a decisive moment for the exhausted pair and a final one. Within days, they will be dead.

It's the end of a hero's journey, but there are no celebrations.

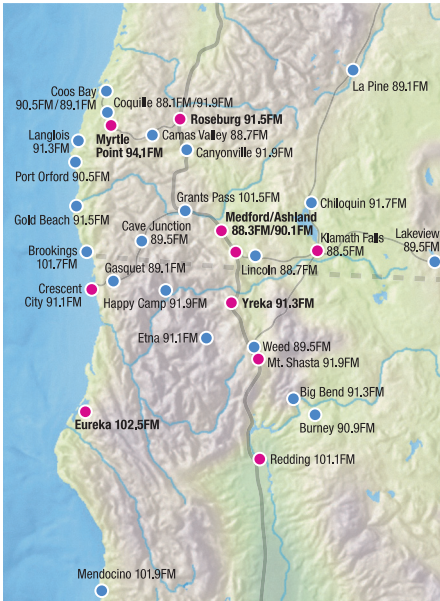
In the same stream where they were born, their carcasses litter the bank. It is an underwhelming tribute. But they have one last surprise. Inside their rotting flesh is the ocean's richness. Mountain living is hard. Trees and animals are starved for nutrients. Scientists have traced the salmon's nutrients in mosses, herbs, shrubs and trees. Like some great nitrogen conduit from sea to forest, the salmon bodies supply nutrients to hundreds, maybe thousands of species.

As the trees grow, the eggs wait—to start the journey again.



Michael Bendixen is a senior videographer and editor at "Oregon Field Guide"

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 10:00am WFMT Opera Series (through 11/28)
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3:00pm The Chamber Music Society of Lincoln Center
 4:00pm All Things Considered
 5:00pm New York Philharmonic
 7:00pm State Farm Music Hall

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 9:00am Millennium of Music
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 12:00pm Siskiyou Music Hall
 2:00pm Performance Today Weekend
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Satyagraha by Philip Glass

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5:00am Morning Edition
9:00am Open Air
3:00pm Q
4:00pm All Things Considered
6:00pm World Café
8:00pm Undercurrents
3:00am World Café

Saturday

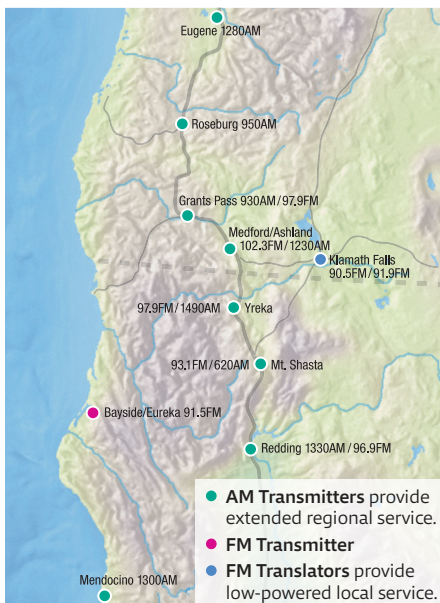
5:00am Weekend Edition
9:00am Wait Wait... Don't Tell Me!
10:00am Radiolab
11:00am Snap Judgement
12:00pm E-Town
1:00pm Mountain Stage
3:00pm Folk Alley
5:00pm All Things Considered
6:00pm American Rhythm

8:00pm Conversations from the World Cafe
9:00pm The Retro Lounge
10:00pm Late Night Blues
12:00am Undercurrents

Sunday

5:00am Weekend Edition
9:00am TED Radio Hour
10:00am This American Life
11:00am The Moth Radio Hour
12:00pm American Rhythm
2:00pm American Routes
4:00pm Sound Opinions
5:00pm All Things Considered
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8:00pm Folk Alley
9:00pm Woodsongs
10:00pm The Midnight Special
12:00pm Mountain Stage
1:00am Undercurrents

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1:30pm The Daily
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6:00pm 1A
7:00pm Fresh Air (repeat)
8:00pm The Jefferson Exchange (repeat of 8am broadcast)
9:58pm StarDate
10:00pm BBC World Service

Saturday

5:00am BBC World Service
7:00am Inside Europe
8:00am Day 6
9:00am Freakonomics Radio
10:00am Planet Money
11:00am Hidden Brain
12:00pm Living on Earth
1:00pm Science Friday
3:00pm To the Best of Our Knowledge
5:00pm Politics with Amy Walter
6:00pm Selected Shorts
7:00pm BBC World Service

Sunday

5:00am BBC World Service
8:00am On The Media
9:00am Innovation Hub
10:00am Reveal
11:00am This American Life
12:00pm TED Radio Hour
1:00pm Political Junkie
2:00pm Fresh Air Weekend
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The Shannon limit of human consciousness is 41bps. Exceed that and reality becomes full of errors.

Monsters, Megabytes, And The Limits Of Human Consciousness

I'm staring at a split image.

Both sides of the image have alternating pictures of celebrities: George Clooney, Tom Cruise, David Duchovny, Brad Pitt, Jennifer Aniston, Drew Barrymore, Cindy Crawford, Gwyneth Paltrow, etc.

The images are swapping out quickly at about 3 per second.

I've been instructed to stare at a small crosshair smack-dab in the middle of the split image. As the pictures fly past, these otherwise beautiful celebrities morph into monsters with misshapen heads, elongated eyes, and longitudinal lips.

We are daily bombarded with sensory input. Our eyes, ears, nose, mouth, and skin send a stream of 11 million bits per second of information to the brain for processing. However, the conscious part of the human brain can only process 41 bits per second (bps) of that deluge of sensory input.

Most of those 11 million bps streaming into your brain are filtered out. The 41bps that gets through to your consciousness is what creates your perception of reality. The reality you think you're experiencing is just what's left over after your brain has filtered most of it out.

Back to those monstrous celebrities. What's happening is that my consciousness is being pushed beyond that 41bps limit and my ability to perceive reality is beginning to break down and melt the world into a horrific Salvador Dali painting.

If I spent enough time in this carefully engineered state, I would likely go insane. At least you'd think I was insane when I described my strange world to you because it would not resemble your reality at all. You see celebrities. I see monsters.

In the celebrities-to-monsters experiment, my consciousness has exceeded its Shannon limit. Named after "the father



Elon Musk discussing the Neuralink.

CREDIT: STEVE JURVETSON | WWW.FLICKR.COM

Inside The Box

Continued from page 27

of information theory” Claude Shannon, the Shannon limit (or “capacity” as it is sometimes referred to) is the maximum rate at which data can be transmitted through a communications system with zero errors. This rate can be mathematically calculated. The Shannon limit of human consciousness is 41bps. Exceed that and reality becomes full of errors.

The Shannon limit of human consciousness is important because we’re actively building technologies that we hope will push us far beyond it, perhaps with drastic consequences.

One such technology is being developed by Neuralink. Founded in 2016 by Elon Musk, Neuralink is developing “ultra-high bandwidth brain-machine interfaces to connect humans and computers.”

According to Neuralink’s website, “We’re designing the first neural implant that will let you control a computer or mobile device anywhere you go.”

How does Neuralink propose to achieve this goal? By drilling a hole in your skull and inserting micron-scale threads of electrodes into your brain that connect to an implant they call “The Link”.

The threads are so fine and the surgery so precise that Neuralink is building a robotic neurosurgeon to “reliably and efficiently insert these threads exactly where they need to be.”

When RoboDoc is done, you’ll be able to use the Neuralink app “to control your smartphone, keyboard and mouse directly with the activity of your brain, just by thinking about it.”

Initially, the purpose of Neuralink is to enable people with neurological injury or disease that has resulted in paralysis to control computers and other electronic devices.

Musk’s vision of Neuralink goes beyond that though.

“Over time I think we will probably see a closer merger of biological intelligence and digital intelligence,” Musk told an audience at the World Government Summit in Dubai in 2017.

“It’s mostly about the bandwidth, the speed of the connection between your brain and the digital version of yourself, particularly output,” Musk said. “Some high bandwidth interface to the brain will be something that helps achieve a symbiosis between human and machine intelligence and maybe solves the control problem and the usefulness problem.”

The “AI control problem” is the issue of how to avoid inad-

vertently building an artificial superintelligence (ASI) that will turn around and harm its creators. Control problem evangelists such as Musk, believe that we must solve the control problem *before* an ASI is created. Failing to do so could result in the creation of an ASI that becomes self-determined, seizes control of its environment and makes decisions that are detrimental to the survival of the human race.

Musk is one of the earliest technologists to issue a clarion call for regulating Artificial Intelligence (AI), famously comparing our pursuit of AI development to “summoning the demon” and the technology as “a fundamental risk to the existence of civilization”.

Neuralink seems to be a “if you can’t beat them, join them” strategy to merge with AI before, as Musk warned, “people see robots going down the street killing people”.

I guess that’s one potential future. Another is one in which we build a high bandwidth brain-machine interface (BMI) so that we can interface directly with our electronic devices, the Internet, and all the hidden AI systems and machine-learning algorithms humming away in the background.

But in order to do this without going insane, we’ll have to figure out a way for human consciousness to exceed its current Shannon limit. Otherwise, the high bandwidth flow of data into our consciousness via a BMI will result in errors that begin warping reality.

Or perhaps this is already occurring to one degree or another in the accelerating technologically driven world we’re creating in which each of us are daily uploading an average of 34 gigabytes of information to our brain via electronic devices.

And while our pursuit of AI could well be “summoning the demon”, perhaps the potential monsters we should be most concerned about are the ones that have already achieved self-determination, seized control of the environment and are currently making all the critical decisions that will determine the survival of the human race.



Scott Dewing is a technologist, writer, and educator. He lives in the State of Jefferson.

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THEATRE

GEOFF RIDDEN

There is, alas, no sign of a return to the rich diet of theatre we've enjoyed in this region for so long.

I've Got My Books

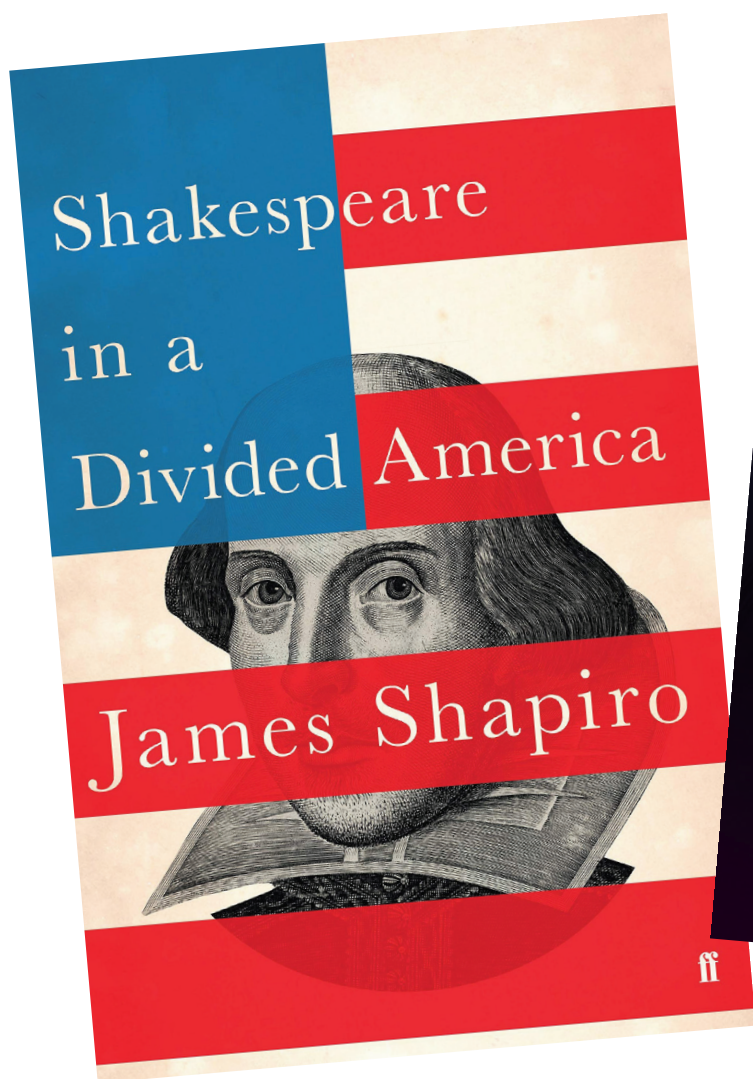
Happy 2021! There are many reasons to be glad to see the back of 2020 (ironic that it should have been the year of perfect vision!) and we can only hope that this New Year proves to be a better one for all of us, and one which brings an effective vaccine to put an end to the global pandemic.

There is, alas, no sign of a return to the rich diet of theatre we've enjoyed in this region for so long. It appeared that the Oregon Cabaret Theatre might be able to stage a holiday show, but those hopes were dashed in November by the reintroduction of restrictions across Jackson county, and, as I write, I'm wondering whether planned performances by the Collaborative The-

atre Project in Medford will take place in the coming months.

Nevertheless, in the words of Paul Simon, "I've got my books, and my poetry to protect me", and I return to books in this column, with some further reflections on James Shapiro's *Shakespeare in a Divided America*, and an appreciation of *Tales from the Vomitorium*, the latest book by local author Scott Kaiser.

I read the Shapiro book in a single sitting, and learned a great deal from it: for example, I had not known of Henry Cabot



Lodge's essay "Shakespeare's Americanisms" in *Harper's Magazine* (January 1885), in which he drew attention to the extent to which the vocabulary of Shakespeare's day survives only in America and has vanished from the British version of English. That essay can still be found on the internet.

As I suggested in my previous column, the book focuses on the plays in performance, rather than as texts, and this is a significant distinction. When we read *Hamlet*, we are free to imagine the central character however we wish, but in the theatre the director makes a specific choice of what we see—a male or female Hamlet, black or white, young or old—and these casting decisions inform our reception of the play. Shapiro makes the point that to cast a woman in the role of Romeo has an impact on the representation of the masculinity of that character. Audiences can and do have strong reactions to casting choices with which they disagree, and Shapiro charts instances of audience power across the centuries, and the way that power can influence performances. On a personal level, at a production of *Othello* in Utah in 2018 I was struck by the audience reaction, not to any casting decision (*Othello* was played by the excellent Wayne T. Carr), but to Cassio's losing his position—this provoked no sympathy, because the audience clearly felt that any man who was drunk deserved to be fired: it came close to applauding the decision!

The second book I want to discuss is *Tales from the Vomitorium* by Scott Kaiser. When I first met Scott in the summer of 2018, we were both wearing masks, not as protection against a disease, but because Ashland was enveloped in dense smoke. At that time Scott was Director of Company Development at OSF, but that post was one of those eliminated in the autumn of that year; since then he has worked as a freelance teacher and director, although that activity has been severely curtailed in 2020. He has, however, been able to add to his extensive list of publications which range from texts on acting and work on

Shakespeare's language to his own original plays.

His most recent book is a collection of 38 short stories, each based upon one of the plays in the Shakespearean canon—sometimes concentrating on a single scene from a play. The stories are not arranged in the chronological order of the plays themselves (and there is no story about the sonnets or about any of the narrative poems) but there is a methodology in the ordering of the stories, in that those coming in the later part of the book are increasingly preoccupied with aging and with death. At the end of the book, after the stories themselves, there is a chart which explains which stories are drawn from which plays: in many cases you will probably not need to refer to this (sometimes the story centers on a production of the play in question), but you may find yourself challenged by Scott Kaiser's take on some of the less well-known plays, especially as each part of *Henry IV* and *Henry VI* gets its own story. I don't want to give too much away about the content of these vignettes, but I will say that I particularly enjoyed the one inspired by Act 4, Scene 1 of *Henry V*.

I found this a witty and charming collection, written in a disarmingly spare and laconic style. It will delight the individual reader and is also ideally suited to book groups who regularly attend plays at OSF. It also taught me a new word—*Ecdysiast*—which was the title of one of the adaptations: it means "strip-tease artist", and I challenge you to drop it into casual conversation in the coming twelve months. Happy New Year!



Geoff Ridden has taught in universities in Africa, Europe and North America. Since moving to Ashland in 2008, he has become a familiar figure on radio, in the theatre, in the lecture hall and on the concert stage. He is artistic director of the Classic Readings Theatre Company and has a particular interest in adaptations of the plays of Shakespeare. Email geoff.ridden@gmail.com



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CAMILA DOMONOSKE

To win over skeptics, automakers have aggressively increased vehicle ranges—the average is now 250 miles.

Nice Car, But How Do You Charge That Thing? Let Us Count The Ways

How long does it take to charge an electric vehicle? The question is more complicated than it seems, and that's a challenge for the auto industry.

Vehicles have different battery sizes, and charge at different speeds. The same vehicle at different chargers will experience wildly varying charge times.

And no matter what charger a driver uses, an electric vehicle requires a change in habits. That may be an obstacle for automakers who need to persuade sometimes skeptical car buyers to try their first electric vehicle.

Most owners charge at home or at work. The process takes hours, which might sound like an unbearable hassle to owners of gas-powered cars. But for current owners it feels much *more* convenient than a gas station trip because they're doing other things—in many cases, sleeping—while the battery recharges.

The slowest way to charge is on a standard 120-volt outlet, which adds just a few miles of range per hour.

"I don't have a driveway or a garage so I have to run an extension cord," says Andy Fraser, who parks his Volkswagen e-Golf on the street and plugs it in to a normal household outlet. It takes him 12 full hours to add 50 miles of range.

But 50 miles is all Fraser usually needs. And his car would be parked overnight anyway, when he usually does his charging.

"No big deal," he says.

The next step up is a 240-volt level 2 charger. The speed varies, but 15-25 miles added per hour spent charging is typical.

David Cooper, who drives a Nissan Leaf, used to charge on a standard outlet at work, but persuaded his condo building to add two public level 2 chargers.

"The vast majority of the charging I do now is at home," he says. He plugs his Leaf in overnight, and schedules it to charge between 2 and 6 a.m. In those four hours, it adds around 100 miles of range.

Many shared chargers at workplaces, restaurants and other public locations are level 2 chargers, but they can also be installed at private homes; the cost can range from a few hundred to a few thousand dollars.

Clemens Mendell is a realtor and puts a lot of miles on his Tesla Model X. But no matter how much he drives in a day, his car is ready for him the next morning.

He plugs into the level 2 charger in his garage when he gets home, and the car waits to charge until his electricity rates drop



to their lowest levels overnight. The vehicle only spends about three hours actually charging.

He usually sets it to stop charging at 70%, which is better for the battery and provides more than enough range for his daily use.

"Every day I'm leaving the house with a full tank of gas, so to speak," he says. "I certainly don't miss the dirty handles at the gas station and the smell and all of that."

That's a common sentiment from current electric vehicle owners, who describe home charging as a perk—and that's before you consider that home charging is considerably cheaper than paying for gasoline. But for would-be buyers, those lengthy charge times can sound alarming.

And convincing car shoppers that they'll learn to love the charging cable is absolutely essential for the auto industry at a time when mainstream automakers—not just Tesla—are betting big on electric vehicles. General Motors now says the future will be "all-electric," and it's not alone.

"[Over] this next five-year period, automakers are investing \$234 billion into electric vehicle platforms and parts and plants," says Mark Wakefield, managing director at the consulting firm AlixPartners. "One-fifth of their investment budget is going towards electric vehicles at the moment, and growing over time."



For that bet to pay off, a lot of mainstream car buyers, including people who don't have a strong preference for an electric vehicle, will need to be convinced to plunk down money for a battery-powered car.

Governments have a vested interest in pushing this change to reduce carbon emissions and fight global warming. But buyer preferences are crucial, too. To win over skeptics, automakers have aggressively increased vehicle ranges—the average is now 250 miles, Wakefield says, and rising rapidly—and they're working to bring vehicle prices down to be competitive with gas-powered cars.

But charging times are another potential roadblock. And it's not just home charging. Two words loom large in would-be buyers' minds: road trips.

For trips that involve hundreds of miles in a single day, drivers typically rely on DC fast chargers. These chargers—which are much more expensive to install, and thus rarer—use direct current, rather than alternating current, to charge much more quickly.

Confusingly, not all DC fast chargers are equally fast. A 50kw charger is on the slow end of the scale, while next-generation chargers boast 250kw or 350kw capabilities—well beyond what most vehicles are currently capable of accepting.

And comparing speeds is difficult because chargers work very quickly on a depleted battery, but slow down as the battery approaches full.

But generally speaking, a fast charger can fill most batteries to 80% in less than an hour, and sometimes in less than half an hour. It's harder on a battery and more expensive than charging

more slowly, so most drivers typically only use them when they're on lengthy trips.

Joyce Breiner recently visited a Tesla Supercharger at a Sheetz in Gettysburg, Pa., to add more juice to her Tesla Model 3. Tesla has been upgrading its proprietary charging network, and this brand-new supercharger was able to add around 160 miles of range in 25 minutes, for about \$11.

"I'm going to probably go into the Sheetz ... and get a drink and maybe a snack," Breiner said.

That kind of charge speed is exceptionally fast for most vehicles on the road right now. Whether it will be fast enough to convince electric vehicle skeptics to make the switch remains in doubt. "Until you reach parity with what everyone is used to ... call it five minutes to fill up your gasoline vehicle,

you're still now basically bringing something that's less attractive to people," says Mike Dovorany, a vice president at the market research firm Escalent.

Companies are working to install more super-fast chargers and to build vehicles that are capable of handling that type of charging to help assuage those concerns. It's an uphill battle, Dovorany says, because people tend to overweigh the potential negatives when they think about making a change to their habits—even if fast charging could be a relatively small part of their life as an electric vehicle owner.

Dovorany says once people own an electric vehicle, they find a lot to love: electric cars are powerful, quiet and cheaper to maintain. And owners quickly adapt to the new charging routine once they take the car home—Dovorany says most people end up really appreciating that they can charge at home and never visit a gas station.

"But it's super hard to convince people before they've owned an [electric vehicle] how much they're going to like that," he says. "And so we can't really sell it per se."



Camila Flamiano Domonoske covers cars, energy and the future of mobility for NPR's Business Desk.

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TOM BANSE

Cascadia Bullet Train: Go For It Or ‘Kill This Thing’?

A new government report on high speed rail in the Pacific Northwest recommends that Oregon, Washington and British Columbia formalize their interest in a Cascadia bullet train by creating an independent body to plan and eventually build it.

But a critic associated with a conservative think tank responded that the region should take heed of California's high-speed rail woes and put a spike in the Cascadia bullet train ambitions.

The new study by hired consultants examined governance and financing options. This report builds on previous state-sponsored studies that asserted there is sufficient demand and a business case for trains running at up to 250 miles per hour between Portland, Seattle and Vancouver, BC.

“Creating a coordinating entity does take it to the next level in terms of the possibility of making it a reality,” said Janet Matkin, communications manager for the rail division of the Washington State Department of Transportation. “It really is beyond just the study phase and looking at more of an implementation focus.”

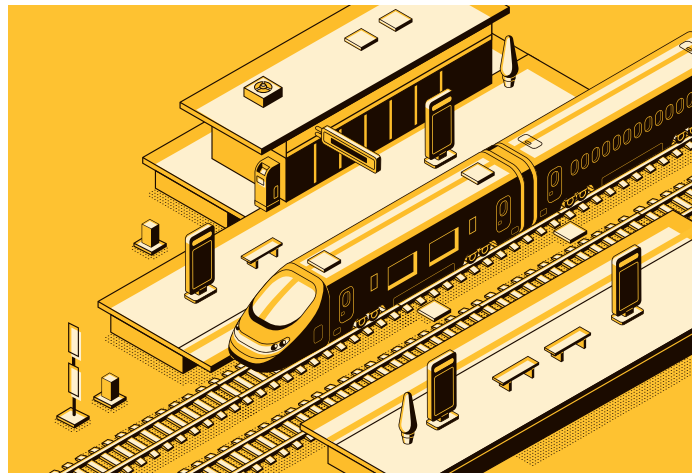
Matkin said the state and provincial legislatures probably need to weigh in again and provide the entity's start-up funding.

The consultants' report said one of the first jobs of the coordinating entity should be to select a technology for the “ultra-high-speed ground transportation” corridor. The study laid out multiple options including traditional high-speed rail, magnetic levitation trains or a hyperloop, in which passengers zip along in capsules that are propelled electrically down sealed low air pressure tubes. In any case, the aspired travel times are about one hour between Portland and Seattle and another hour from Seattle to Vancouver, BC.

Another job of the coordinating entity would be to build a broader coalition of support and “ensure deep and equitable local engagement across the corridor.”

The envisioned top speed of 250 mph for the Cascadia high speed train project is faster than other rail services on the horizon in North America. Newly built Acela trainsets scheduled to enter service in 2021 in Amtrak's Northeast Corridor will operate at 160 mph. The faltering California high speed rail line under construction in the San Joaquin Valley contemplates speeds up to 220 mph. A planned Texas Central bullet train between Houston and Dallas has touted speeds up to 205 mph.

The vision for frequent bullet train service between the Pacific Northwest's biggest cities contrasts with the grim state of current Amtrak service in the region. In October, Amtrak cut the frequency of its two long distance lines serving the North-



west—the Empire Builder and Coast Starlight—from daily service to three times per week due to steep declines in ridership during the pandemic.

State-funded Amtrak Cascades service between Eugene and Vancouver, BC, has been cut back to one round trip per day between Seattle and Eugene. Service north of Seattle was suspended due to the U.S.-Canada border being closed to discretionary crossings. The current Amtrak Cascades service maxes out at 79 mph and runs on tracks owned and heavily used by freight railroads.

The \$895,000 study released in early December was led by the engineering consultancy WSP USA. It was funded by approximately equal contributions from Washington, Oregon, British Columbia and Microsoft.

Oregon Gov. Kate Brown, Washington Gov. Jay Inslee, British Columbia Premier John Horgan and Microsoft President Brad Smith on Tuesday renewed their endorsements of a Cascadia bullet train.

“Transformative infrastructure projects like this one could help us rebuild our economy in the short term and provide us with a strong competitive advantage in the future,” Inslee said in a news release.

This latest study did not include updated cost estimates for the enormous acquisition and construction cost of a new, roughly 300-mile rail corridor. A previous feasibility study in 2018 estimated a \$24 billion to \$42 billion price tag to build a high-speed rail line on dedicated right-of-way from Portland to

Continued on page 35

Leadership Begins Here

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Continued from page 33

Vancouver, BC. The earlier feasibility study determined a need for extensive tunneling and elevated trackway.

The study authors lean heavily on securing limited state and federal funding to make the math work. The calculations also assume private contributions from train operators or beneficiaries. The study said some construction costs could be financed with borrowing that would be repaid with future ticket revenue. The consultants also suggested the states and province could levy a regional property tax around station locations to raise significant amounts of new revenue.

Delays and mounting financial woes facing California's high speed rail project led an analyst associated with the conservative-leaning Washington Policy Center to recommend not moving ahead with a Cascadia bullet train.

"Based on what has happened in California, you want to kill this thing right now," said the think tank's Tom Rubin, who speed-read the new WSDOT report on Tuesday. "You can see all the incredible mistakes that have been made so you can avoid them."

Rubin said the chances of securing significant federal funding for a high-speed rail infrastructure project of this scale depend on Democrats controlling both chambers of Congress alongside a Democratic president.

"That's the only possibility to get major U.S. federal government dollars anytime in the near future," Rubin said with a nod

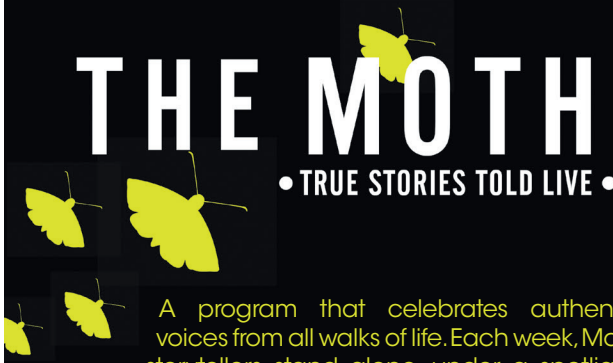
to the uncertain outcome of two pivotal Senate runoffs in Georgia in January.

During a presentation to the Washington State House Transportation Committee on November 30, WSDOT Rail Operations and Capital Program Manager Jason Biggs said Amtrak Cascades ridership decreased 90% since the pandemic's onset and revenue has decreased 95%. Biggs said Amtrak Cascades will "incrementally" add back runs in 2021 as travel demand returns. He said it would be a priority to return to pre-pandemic service levels.

The national rail corporation has been reluctant to commit to restore prior levels of service on its long-distance routes, which its CEO said in an October letter is partly dependent on Congress providing between \$4.9 billion and \$10 billion in additional funding nationwide.



Tom Banse covers national news, business, science, public policy, Olympic sports and human-interest stories from across the Northwest. He reports from well-known and out-of-the-way places in the region where important, amusing, touching, or outrageous events are unfolding. Tom's stories can be found online and heard on-air during *Morning Edition* and *All Things Considered* on NPR stations in Washington, Oregon, and Idaho.



THE MOTH

• TRUE STORIES TOLD LIVE •

A program that celebrates authentic voices from all walks of life. Each week, Moth storytellers stand alone, under a spotlight, with only a microphone and a roomful of strangers. The storyteller and the audience embark on a high-wire act of shared experience which is both terrifying and exhilarating. Originally formed by the writer George Dawes Green as an intimate gathering of friends on a porch in Georgia (where moths would flutter in through a hole in the screen), The Moth is a show that dances between documentary and theater creating memorable moments that celebrate what it means to be human.

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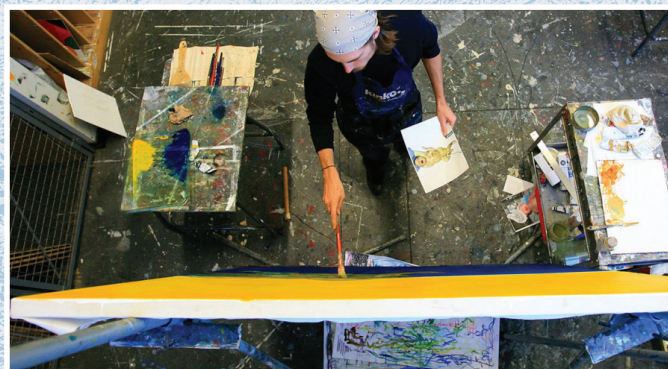
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Reconstruction Reconstructed

In some significant and terrifying ways, we're reliving the Reconstruction Era's demise today. What happened in the mid-19th century took decades to unfold. We're experiencing similar political, social, and economic tremors, but much more quickly.

Speaking of quickly, I have 440 words remaining in this space to sum up similarities that rolled out over decades, then and now. I can give you only the start, the end, and the middle. The rest you'll have to find on your own.

The Reconstruction Era cannot be well understood without going back two decades to the implosion of the Whigs, unable to reconcile the social and economic dynamics of an increasingly urban nation.

Lincoln's new Republican Party cobbled together a new coalition of voters. Then there was a war, an assassination, and an impeachment-filled Andrew Johnson administration.

The middle of the story features a media star becoming president, political incompetence leading to corruption and public dismay, and the bright prospects of a new technology that promised riches and comfort for all (until it didn't.)

Lincoln's plan for the South was to empower former slaves with individual autonomy—"40 acres and a mule." Johnson failed to follow through on this promise. Chaos was always near.

Ulysses S. Grant's 1868 presidential campaign promised to "Keep the Peace." Name familiarity swept him into an office for which he was not well suited. Lacking administrative skills, scandals broke out regularly, often involving his own family members.

Grant needed to rebuild the South's infrastructure that his troops had only recently destroyed to win the war. The railroads promised more efficiency and connectedness. In return, all they needed was public land and unfettered access—not unlike Internet moguls today.

Railroads promised efficiencies that would bring prosperity to all. The original idea of private sustenance was supplanted by public subsidies. But the promise of a rising tide didn't lift the boats—it drowned the mule and flooded the proverbial 40 acres.

Ku Klux Klan started as a social club, wearing silly hats. It dabbled in politics, but succeeded only where leaders already preferred their policies. It resisted change best with vigilantism. The hats became hoods.

Then came the 1876 presidential election, and the end of the Reconstruction Era. Democrat Samuel J. Tilden gathered

184 electoral votes, one short of the required majority, thanks to one contested elector in Oregon.

The decision was thrown to Congress. A commission was formed and a deal was struck. Republican Rutherford B. Hayes became president. As part of the deal, Hayes pulled federal troops out of the South, effectively ending the Reconstruction Era.

Sharecropping was formalized. The Klan continued terrorizing. Jim Crow laws replicated the pre-Civil War status quo. The South had lost the war, but won everything back another way.



Don Kahle (fridays@dksez.com) writes a column each Friday for *The Register-Guard* and archives past columns at www.dksez.com.



1866 Political cartoon by Thomas Nast showing President Andrew Johnson as the deceitful Iago who betrayed Othello, portrayed here as an African American Civil War veteran.

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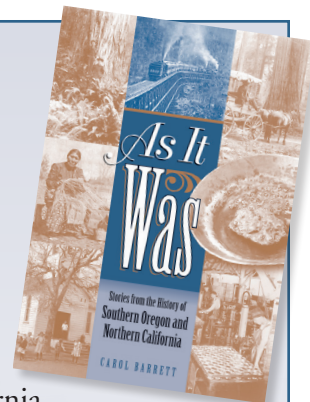
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CLARE MARIE SCHNEIDER
& ALLISON AUBREY

Americans Are Drinking More During The Pandemic. Here's How To Cut Back

When the pandemic began spreading across the U.S. in March, stores, restaurants and schools closed down. But liquor stores in many parts of the U.S. were deemed essential and stayed open. Alcohol sales have ticked up during the pandemic, so maybe it's a good time to ask yourself: Are you drinking more than you'd like to be?

For many people, alcohol is a part of everyday life, but taking a break has its benefits. Here at Life Kit we've covered how to drink less in a pre-pandemic world—one where you might find yourself at a party or happy hour with co-workers. But with many of us stuck at home and bars either fully closed or with limited hours, we wanted to get some updated advice from the experts. Here's what they say:

Think about why you drink. Kamala Greene Gécécé, a psychologist who specializes in addiction, says it's important to look at the role alcohol plays in your life. "That will allow you to make specific changes based on the information that you gather," she says. There's no need for judgment, but R. Lorraine Collins, a psychologist at the University of Buffalo, recommends asking yourself, "Are you keeping alcohol as ... a special beverage for limited situations, or are you engaging in alcohol use across the board?"

Track how much you drink. The U.S. Department of Health and Human Services recommends that if you drink, you should do it moderately: up to one drink a day for women or two drinks for men. But Collins says sometimes people can get confused by what constitutes a drink. "For many people ... in their minds, a glass equals a drink," she says. So it's important to assess not just *what* alcohol you're consuming but *how* you're consuming it. Is your glass of wine really just 5 ounces (which equates one drink) or is it more? Mixed drinks often contain more than one shot, and craft beers can contain more alcohol than a standard beer.

When you do drink, be mindful. Collins says there are a couple of tricks to curb your alcohol consumption—that way, you won't suddenly be on your fourth or fifth drink without even realizing it. To slow down consumption, Collins recommends sipping, not guzzling. "Even a beer can be sipped like fine wine," she says. Additionally, she recommends adding in nonalcoholic beverages between that cocktail or beer and having food available when you drink.

Reprogram your day. Replace happy hour with a new habit. Replace happy hour with a new habit. If you want to take a temporary break from drinking, Gécécé recommends starting with a two-week hiatus. She says this will give you a lot of information about your relationship to alcohol: Was it a breeze, or was it really difficult to cut alcohol out of your routine? If the latter is true, she says it's important to replace drinking with new habits. So, for example, if you like to have a drink after work, try something else at that time, such as going for a walk or watching a show you like. "Substitute other pleasant activities during that very same time for at least two to three weeks so that you can begin to develop a new conditioned response," she says.



Connection is key. Seek out support. Génece says one of the silver linings of the pandemic is that many of the alcohol support groups such as Alcoholic Anonymous, Smart Recovery and Recovery Dharma have extensive online communities now. For people trying to take a break from drinking, online AA meetings or other similar groups can help you learn more about the help and support available—and meet other people who don't drink. Even if this more structured assistance isn't for you, getting support in some form helps—even if it's just something to distract you from your old routine, such as joining a remote book club or calling an old friend.

Consider a break as an opportunity to learn more about yourself. A break from alcohol can lead to a range of outcomes. As we've reported, a 2016 British study of people who participated in a monthlong "Dry January" break, found that 82% said they felt a sense of achievement. "Better sleep" was cited by 62%, and 49% said they lost some weight. Génece says try to take notice any positive changes in your life without alcohol—maybe you hike farther, have better conversations or get bet-

ter sleep. Notice if your life feels richer to you. If we're stuck at home for now, why not give it a try? What do you have to lose?

If you or someone you know is struggling with addiction, the SAMHSA National Helpline is open 24/7 at 800-662-HELP (4357).




As an editorial assistant, Clare Marie Schneider produces audio, visual and written content for *Life Kit*.



Allison Aubrey is a correspondent for NPR News, where her stories can be heard on *Morning Edition* and *All Things Considered*. She's also a contributor to the *PBS NewsHour* and is one of the hosts of NPR's *Life Kit*.

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A key function of journalists in a democracy is to provide citizens with factual information they can use to weigh the merits of various candidates, political parties and policy proposals.

When Facts No Longer Matter

“I feel like I’m taking crazy pills!” screams the exasperated Jacobim Mugatu, Will Ferrill’s fashionista character in the 2001 comedy *Zoolander*. Mugatu can’t believe he’s the only person in the world of *haute couture* who seems to notice that all of supermodel Derek Zoolander’s trademark “looks” on the runway are, in fact, the same absurd, pursed-lipped stare.

After weeks of following news coverage of the aftermath of the recent presidential election, I feel Mugatu's pain.

Since the polls closed on Nov. 3, President Donald Trump, his core supporters and right-wing media outlets have been proclaiming loudly and repeatedly that he won re-election in a landslide. The official tallies showed Democrat Joe Biden with well over the required 273 electoral votes and over seven million more votes than Trump nationwide. But those numbers are dismissed as the result of fraud, manipulation by shadowy cabals and unconstitutional state electoral laws. Trump's legal minions filed dozens of lawsuits in half a dozen states alleging wrongdoing, asking courts to invalidate the votes of millions of Americans and to hand the election to Trump.

First, let's be clear. There is absolutely no credible evidence of electoral wrongdoing on anywhere near the scale necessary to tip the election to Donald Trump. In more than 50 cases, in state and federal courts, in trial and appellate courts, before Democratic and Republican judges—including several appointed by Trump himself—every lawsuit but one, a minor technical case, was dismissed out of hand. According to the *Washington Post* “at least 86 judges have rejected at least one post-election lawsuit, and 38 of them were appointed by Republicans.” Typical of the rejections was this ruling by Third Circuit Court of Appeals Judge Stephanos Bibas in a case in Pennsylvania.

“Charges of unfairness are serious. But calling an election unfair does not make it so. Charges require specific allegations and then proof. We have neither here.”

But being decisively shot down in court hasn't kept Trump and his allies from continuing to spray a 24/7 firehose of lies, fabrications and outlandish conspiracy theories across the airwaves, websites and social media. And according to recent surveys, despite thorough debunking and the total lack of provable evidence, somewhere around three-quarters of Republicans believe the election was stolen from them.

I feel like I'm taking crazy pills.

Now, you could dismiss all this as a cynical effort to fire up the GOP base for the Senate runoff elections in Georgia—as well as to poison the political well, making it harder for the new



president to succeed. And certainly, there's a good bit of that here, especially among Republican leadership.

But the most fervent of Trump's supporters are turning their fire on their own party as well, for failing to more vigorously ensure Trump is given his rightful second term. No, for these folks, this is not political theater; this is very real. And that's where this appalling spectacle shades from risible absurdity into genuine danger. Because a functioning democracy requires citizens who are willing to weigh evidence, test facts and accept reality.

Trump's campaign to discredit the election, writes conservative *New York Times* columnist Bret Stephens, "has detonated a bomb under the epistemological foundations of a civilization that is increasingly unable to distinguish between facts and falsehoods, evidence and fantasy." Renowned political philosopher Hannah Arendt, in her 1951 book *The Origins of Totalitarianism*, summed up the danger. "The ideal subject of totalitarian rule is not the convinced Nazi or the convinced Communist, but people for whom the distinction between fact

First, The News

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and fiction...and the distinction between true and false...no longer exist.”

This is where the pivotal role of quality journalism comes in. A key function of journalists in a democracy is to provide citizens with factual information they can use to weigh the merits of various candidates, political parties and policy proposals. Thus armed, they can make well-informed decisions regarding the direction of their government. The importance of this work is what originally led me to become a journalist, and it’s been my pole star during the nearly 30 years since I took up the craft.

But Shanto Iyengar, a political scientist at Stanford, told *New York Times* columnist Thomas B. Edsall that seismic shifts in the news business in recent decades have challenged that model, feeding a growing “political sectarianism.”

“Basically, we’ve moved from an ‘information commons’ in which Americans of all political stripes and walks of life encountered the same news coverage from well-regarded journalists and news organizations to a more fragmented, high-choice environment featuring news providers who no longer subscribe to the norms and standards of fact-based journalism.

The increased availability of news with a slant, coupled with the strengthened motivation to encounter information that depicts opponents as deplorable, has led to a complete breakdown in the consensus over facts.”

The psychological need to cast fellow citizens not as political opponents, but as existential threats to all the tribe holds dear, is certainly not exclusive to the right. But Trump’s campaign to delegitimize not only the election, but anyone who fails to acknowledge the alternate reality he’s creating, is unique in recent memory.

When partisan media exploit that political sectarianism—concerned more with clicks and advertising dollars with than their crucial role in informing the public—it feeds a toxic divisiveness that could lead to a political crisis the likes of which the U.S. hasn’t seen in a very long time.

And it’s hard to see how that fits the ideal of journalism as public service.



Liam Moriarty has been covering news in the Pacific Northwest for more than 20 years. After a stint as JPR’s News Director from 2002 to 2005, Liam covered the environment in Seattle, then reported on European issues from France. He returned to JPR in 2013 as a regional reporter. Now, Liam is once again News Director, overseeing the expansion of the news department and leading the effort to make JPR the go-to source for news in Southern Oregon and Northern California.

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Not only are women frequently overlooked or underrepresented in the historical record, they are often mischaracterized.

Women Of The Wild West

I have spent most of my career interrogating the myths of the American West. Mining camps, Indian wars, vice and violence, the iron road, the muleskinners, forty-niners, and of course, the soiled doves. It should come as no surprise to you that while the beloved tropes of what historian Richard White called our Western Fantasy Past can make for irresistible click bait, the true story is inevitably more nuanced, complex, and I would argue, fascinating.

We had Dr. Priscilla Wegars on our November episode of Underground History to talk about her new book *Polly Bemis: The Life and Times of a Chinese American Pioneer* (Caxton Press). Wegars has been researching this intriguing story for decades, the traditional telling of which paints Chinese-born Polly as a prostitute won in a card game. The new book provides rich detail of the actual circumstances surrounding Polly's life—many that are unimaginatively tragic in today's view. When Polly arrived in Idaho she faced many challenges: Not only was she a young woman, unlike most Chinese immigrants in the 19th century she was born in northern China and therefore did not speak Cantonese like the rest of the immigrant community. Despite this, Polly not only survived, she thrived and built a comfortable and long life with her husband Charlie outside of Warren, Idaho, along the Salmon River.

As many historical documents tend to prioritize the lives of men, it can be hard to know the women in 19th century Oregon and beyond. And many of the stories are heartbreaking. Take Amalia Britt for example, wife to famed Peter Britt. The Britt's were childhood sweethearts in Switzerland, but Amalia married and emigrated to the United States with another man (her father didn't approve of Peter). Upon his death, she moved to Oregon with her young son to reunite with the charming artist who stole her heart as a girl. As with many fairytales, the story is bittersweet. In poor health and having borne three children in short succession in her 40s, Amalia died in 1871 after just a decade with her beloved Peter. The Britt family legacy is extensively curated thanks to the collections at the Southern Oregon Historical Society and a decade's worth of archaeological investigations at the Jacksonville homestead. However, it is difficult to see Amalia in these assemblages. Did she choose the furniture or dishes that defined the stylish space? Help design the famed garden? Provide insight on the many family businesses? The only artifact that has been linked specifically with Amalia is a jet mourning button, likely worn following the death of her son Arnold in 1864. While this is an important reflection of a



PHOTO COURTESY SOUTHERN OREGON HISTORICAL SOCIETY

Polly Bemis on her Salmon River Ranch.

mother's grief, that event did not wholly define her complex life.

Not only are women frequently overlooked or underrepresented in the historical record, they are often mischaracterized. Western tales often bemoan the absence of women on the "frontier" and archaeologists often fall into what I call the "beads equals babes" trap where gendered artifacts are often automatically interpreted as evidence of prostitution. I am not immune to this myself; Some of you may have heard my tale about the "brothel" we excavated in Central Point that turned out to be the home of the head of the local chapter of the Wom-

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Underground History

Continued from page 43

en's Christian Temperance Union. The very same items that are commonly understood as the material culture of the sex trade, in this instance were actually artifacts reflecting autonomy and agency in a new era where women were able to take control over their health for the first time.

In general, when you read an historical document or book on the history of the West that claims there were “no women,” what is really being said is there were no *white* women of a certain class. In doing my graduate research on Kanaka Flat—a multi-ethnic mining community named after its Native Hawaiian residents—rather than find proof of the wild bachelor mining camp outside of Jacksonville, I found evidence of women, families, and a community that served as a refuge for many Native women displaced by the Rogue River Wars of the 1850s. The laws prohibiting mixed race marriages at the time left many of these unions undocumented and these women as invisible wives. Now whether these marriages were based on love, convenience, or coercion is a topic for another time, but many of these partnerships lasted, leaving families that could be traced for generations. And, some women did engage in prostitution; for some it was an economic strategy and for others, situations beyond their control.

Of the countless women in the nineteenth century West, most were not lucky enough to have the challenges and successes of their lives documented with the care that went into *Polly Bemis*. This book humanizes the past and allows us to get to know Polly and her inspiring story. While a rags-to-riches tale is another popular trope—Polly's account highlights a different trajectory. The course of her life was initially determined by men to suit their own needs, yet Polly was able to take control over her circumstances and lived many years on her own terms. In reimagining the West as a place where women were present, made decisions, had impacts, and lived remarkable lives, we need to re-evaluate many of the assumptions that bias our interpretation of past events and people. The story of the West is often told as the story of American men. In fact, it is much more interesting.



Chelsea Rose is an archaeologist with the Southern Oregon University Laboratory of Anthropology (SOULA) and co-host of Underground History, a monthly segment that airs during the Jefferson Exchange on JPR's News & Information service.



PHOTO COURTESY SOUTHERN OREGON UNIVERSITY

Southern Oregon women mocking Western stereotypes in the 19th century.

POETRY

INES DIEZ AND
NANCY J. BRINGHURST

Autumn Leaf

Luminescent red sparkling with sunshine
The veiled green still humbling away
Brings me back to the Autumn of my life

How my aches and pains show up
In the wilted edge of my body
How the rust of my joints and bones
Ignite with fire
How my skin darkened by age spots
Brings forth verdant touch, healing energy

How I am this leaf honed with musky fragrance
A hint of mountain shadowy humus
Blown away, caressed by the elements
My viscera withered
The sap of my blood and my lymph desiccated
Crinkling gratitude songs
Under God's muddy feet.

—Ines Diez

Ines Diez was born in Spain, where she grew up as a country girl on her family's subsistence farm. She has lived in the U.S. for 30 years, the last 15 of them in Ashland. She has collaborated on two books, *Sudden Meteors* and *Light Rising*, with fellow poets from the Rogue Valley. The poem "Autumn Leaf" was inspired by a photo of Talent resident Allen Hallmark.

Workers Who Wander

They knocked on our kitchen door,
hungry hobos with their farrago of stories
clinging to their shoes and packs,
begging a meal, a basin to wash up in.
Some my mother fed at our kitchen table,
others ate their sandwich on our back steps
before shambling on their way.
How did she decide?
Was it their smile, gentle manners?
Did she talk with them, I wonder,
boil a cup of thick coffee?
Did she ask each one to rake leaves or chop wood
so he could leave with a dose of dignity
along with a sack of ginger cookies and a thick wedge
of her famous Norwegian burnt sugar cake?
Did they show her scars from hopping box cars
or tell her about the lice and crumbs?
She didn't know they scratched signs
on fence posts and trees to show which house
had vicious dogs, a doctor, hot meals.
Was there a special code etched on our gate—
a beacon pointing to the home of an angel?

—Nancy J. Bringhurst

Nancy J. Bringhurst is a published author of two books and an award-winning poet. She lives on Mt. Ashland, where she enjoys hiking, snowshoeing, and working on the land, though often friends and culture lure her to leave the mountain and drive to town.

Writers may submit original poetry for publication in *Jefferson Journal*. Email 3–6 poems, a brief bio, and your mailing address in one attachment to jeffmopoetry@gmail.com, or send 3–6 poems, a brief bio, and a self-addressed, stamped envelope to:

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